

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90016 021 ***150.00

DOCUMENT # P96000041562

1. Entity Name
UNIQUE ELEMENTS INC.

Principal Place of Business
**11397 WEST FLAGLER ST
MIAMI FL 33174**

Mailing Address
**11397 W FLAGLER ST
MIAMI FL 33174**

*please note
only the locate
has changed*



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
11387 W. Flagler ST
Suite, Apt. #, etc.

3. Mailing Address
11387 W. Flagler ST
Suite, Apt. #, etc.

City & State
Miami, FL
Zip
33174

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Miami, FL
Zip
33174

4. FEI Number **65-0664489**
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**BAZAN, M.Z.
11397 WEST FLAGLER STREET
MIAMI FL 33174**

7. Name and Address of New Registered Agent

Name
MIRELLA ZAYAS BAZAN
Street Address (P.O. Box Number is Not Acceptable)
11387 West Flagler ST
Miami
City
FL Zip Code
33174

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *Mirella Bazan* DATE **4/20/01**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRUZ, AILEEN 11397 WEST FLAGLER ST MIAMI FL 33174	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, ALBERTO A 11397 WEST FLAGLER ST MIAMI FL 33174	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CRUZ, AILEEN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11387 West Flagler ST Miami, Florida 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GARCIA, ALBERTO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11387 West Flagler ST Miami, Florida 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE _____ DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)